



## HIV/AIDS, STD & TB Prevention WASHINGTON

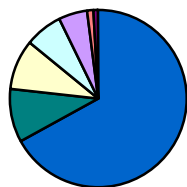
### HIV/AIDS Epidemic

Washington reported 10,987 cumulative AIDS cases to CDC as of December 2003.

#### Cumulative AIDS Diagnoses by Mode of Exposure, through Aug. 2005

N = 11,225

SOURCE: Washington State Health Department

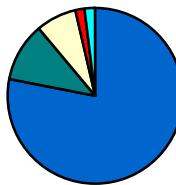


- MSM (66%)
- MSM/IDU (10%)
- IDU (9%)
- Heterosexual Sex (7%)
- Unknown (6%)
- Transfusion (1%)
- Hemophilia (1%)

#### Cumulative AIDS Diagnoses by Race/Ethnicity, through Nov. 2004

\*N = 10,851

SOURCE: Washington State Health Department



- White (77%)
- African American (11%)
- Hispanic (7%)
- American Indian/Ala. Native (1%)
- Asian/Pacific Islander (2%)

\*Percentage totals may be greater or less than 100 due to rounding or missing data.

### Sexually Transmitted Diseases (STDs)

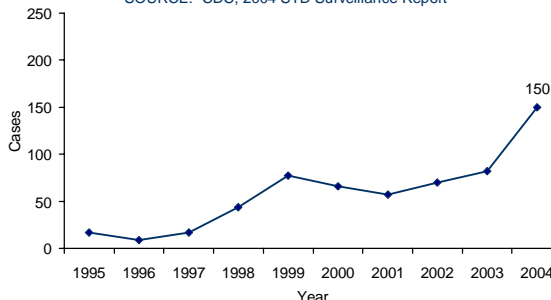
#### Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Washington, the rate of P&S syphilis increased 700% from 1995-2004.

- Washington ranked 13<sup>th</sup> among the 50 states with 2.4 cases of P&S syphilis, per 100,000 persons.
- The number of congenital syphilis cases decreased from 1 in 1995 to 0 in 2004.

#### P&S Syphilis Cases in Washington, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



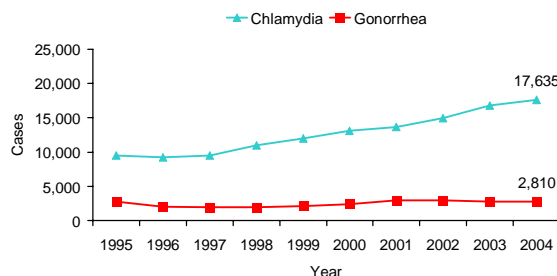
#### Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

- Washington ranked 32<sup>nd</sup> among the 50 states in chlamydial infections (287.6 per 100,000 persons) and 39<sup>th</sup> in the rate of gonorrhea infections (45.8 per 100,000 persons).
- Rates of chlamydia among Washington women (417.5 cases per 100,000 females) were 2.7 times greater than those among Washington men (157 cases per 100,000 males).

#### Chlamydia and Gonorrhea Cases in Washington, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report

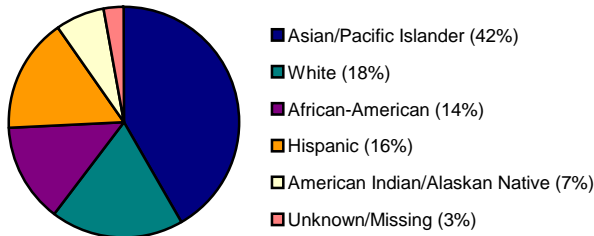


## Tuberculosis (TB)

### TB Cases by Race/Ethnicity, through 2003

**N = 250**

SOURCE: CDC, 2003 TB Surveillance Report



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Washington reported

- ❑ The 24<sup>th</sup> highest rate of TB in the U.S.
- ❑ A total of 250 TB cases with 42% affecting Asian/Pacific Islanders and 18% affecting Whites. In all, about 63% were among foreign-born persons.

## Program Initiatives Supported by CDC

### Human Immunodeficiency Virus (HIV/AIDS)

The Washington State Department of Health provides leadership and support for effective HIV prevention, planning, education and intervention services. The Department's Office of HIV Prevention and Education Services operates the Washington State HIV/AIDS Clearinghouse that provides updated, medically accurate materials related to HIV transmission, prevention and education. The Clearinghouse operates a toll-free HIV/AIDS hotline.

### National Center for HIV, STDs & TB Prevention Funding to Washington, 2005 (US\$)

<b>HIV/AIDS</b>	<b>\$7,092,240</b>
<b>STDs</b>	<b>\$3,947,796</b>
<b>TB</b>	<b>\$1,322,404</b>

### Sexually Transmitted Diseases (STDs)

Washington State was awarded a three year project called Outcome Assessment through Systems of Integrated Surveillance (OASIS) in 2003. This two-year project enhanced behavioral interviews and partner management of incident gonorrhea (GC) cases in Clark, Kitsap, Pierce and Snohomish counties. Data from interviews included behavioral information such as incarceration, drug/alcohol use, education, sex partner venue histories and other relevant GC risk factors. The project assisted counties in targeting cases of gonorrhea to interview, and assessing whether telephone interviews were as efficacious as face to face interviews.

### Tuberculosis (TB)

The Washington State Department of Health, and the Seattle-King County Health Department joined forces in early 2003 to investigate the magnitude of recent TB transmission in the homeless community, and to rapidly develop and implement a strategy to identify, locate, medically evaluate and treat persons with significant exposure to one or more infectious cases. Six hundred and fifty-one contacts were identified, and 543 or 83% were evaluated. Of these, 26 cases of active disease were identified. The active case detection process used in this effort has successfully removed infectious TB patients from the community, thereby stopping further transmission and halting the spread of the outbreak.

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